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FAX COVER SHEET

Date: April 1, 2005	Phone Number	Fax Number
To: Examiner Shah		(703) 872-9306
From: Kevin J. Zilka		

Docket No.: NAIIP316/01.184.01

App. No: 10/027,307

Total Number of Pages Being Transmitted, Including Cover Sheet: 17

Message:

Please deliver to Examiner Shah.

Thank you,

Kevin J. Zilka

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

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ANY OTHER DIFFICULTY, PLEASE PHONE Erica _____
AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

March 11, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Cook et al.

Application No. 10/027,307

Filed: December 12, 2001

For: DNS SERVER ACCESS CONTROL SYSTEM)
AND METHOD

)
)
) Group Art Unit: 2183
)
) Examiner: Shah, Kamini
)
) Date: April 1, 2005
)

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CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 at facsimile number: (703) 872-9306 on the above date.

Signed

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u>	OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS	<u>34</u> -	<u>34</u>	<u>00</u>	X25 = \$	OR	X50 = \$ 0
INDEP CLAIMS	<u>05</u> -	<u>03</u>	<u>02</u>	X100 = \$	OR	X200 = \$400
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$0		\$0
TOTAL				\$		\$400.00

- ☐ Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.
- ☐ Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NAI1P316). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zylka-Kotab, PC

Kevin J. Zilka
Registration No. 41,429

P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/96)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Cook et al.

Application No. 10/027,307

Filed: December 12, 2001

For: DNS SERVER ACCESS CONTROL SYSTEM)
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CERTIFICATE OF FACSIMILE

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Signed

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 2233-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	<u>SMALL ENTITY RATE FEE</u>	OR	<u>LARGE ENTITY RATE FEE</u>
TOTAL CLAIMS	<u>34</u> -	<u>34</u>	<u>00</u>	X25 = \$	OR	X50 = \$ 0
INDEP CLAIMS	<u>05</u> -	<u>03</u>	<u>02</u>	X100 = \$	OR	X200 = \$400
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$0		\$0
TOTAL				\$		<u>\$400.00</u>

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Respectfully submitted,
Zilka Kotab, PC

Kevin J. Zilka
Registration No. 41,429

P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/96)

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CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being
facsimile transmitted to the Commissioner for Patents,
Alexandria, VA 22313-1450 at facsimile number: (703)
872-9506 on the above date.

Signed: _____

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT A

Sir:

In response to the Office Action mailed March 18, 2005, please enter the
following: